DOCUMENT RESUME

ED 180 043 CS 502 759

AUTHOR Van Rheenen, Dwayne D.: And Others
TITLE Communication in the Helping Professions: Theory, Research, and Pedagogy.
PUB DATE May 79
NOTE 22p.: Paper presented at the Annual Meeting of the Eastern Communication Association (Philadelphia, PA, May 5-7, 1979)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Communication (Thought Transfer): *Communication Skills: Curriculum Development: *Helping Relationship: Higher Education: *Individual Counseling: Instructional Design: Interpersonal Relationship: *Speech Communication: *Therapy
IDENTIFIERS *Communication Research

ABSTRACT

Since the relationships among theory, research, and pedagogy often are not clearly explicated in the literature on communication in the helping professions, this paper seeks to remedy the situation by exploring these relationships. Part I presents the general perspectives and orientations that are used to study and explain communicating in helping relationships. Part II reviews selected research findings on messaging and patterns of communicating. Part III presents an instructional approach for a course about communication in the helping professions. Throughout the paper, the discipline of speech-language pathology is used as an exemplar of how communication in helping relationships has been studied. (Author/RL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED180043

EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

COMMUNICATION IN THE HELPING PROFESSIONS:

THEORY, RESEARCH, AND PEDAGOGY

by

Dwayne D. Van Rheenen

Marisue Pickering

Department of Speech Communication
University of Maine

Marilyn Malone

Department of Speech and Dramatic Art
University of Iowa

presented to

Eastern Communication Association Convention
Philadelphia, PA

May 5-7, 1979

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Dwayne D. Van Rheenen
Marisue Pickering
Marilyn Malone
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CS502759

Introduction

The relationships among theory, research, and pedagogy often are not clearly explicated in the literature on communication in the helping professions. This paper explores relationships among these three areas.

Part I presents general perspectives and orientations utilized by researchers and writers on communicating in helping relationships. Part II reviews selected research findings on messaging and patterns of communicating. Part III presents an approach to instruction in a course for communication in the helping professions. Throughout the paper the helping profession of speech and language pathology will serve as the exemplar of how communication in the helping relationship has been studied.

Helping relationships (or therapeutic communications) are not restricted to the professional helper and the client. "Helping" has been termed "a way of life" (Carkhuff and Berenson, 1967). Nonetheless, others argue that an important difference exists between everyday human relating and professional helping. For example, Egan states:

> Everyday interpersonal relationships are characterized by more mutuality than is the helping or counseling process. Friends help each other, while, in more formalized helping relationships, roles are more clear-cut: one is the helper or the counselor and the other is the helpee or client (Egan, 1975, p. 11).

Furthermore, Martin Buber, when discussing the nature of dialogue in education and in therapy, suggests that such dialogue is one-sided rather than fully mutual; one person goes to another for aid or assistance (Buber, 1965a; 1965b). In a discussion with Carl Rogers about the therapeutic relationship, Buber says:

> You [the therapist] are able to do something that he [the patient] is not able. You are not equals and cannot be. You have the great task, self-imposed--a great self-imposed task to supplement this need of his and to do rather more than in the normal situation (Buber, 1965b, p. 172).

Professional helping relationships, it appears, deserve to be investigated as a special kind of interpersonal transaction.

Within the helping professions, however, one might question whether the nature and patterns of communication differ across professions. Is the purpose of communication the same within all helping relationships? Do the counselor, the physical therapist, and the speech-language pathologist have the same communicative intent?

Combs and associates argue that a common purpose for helping does exist and that purpose is self-actualization:

> This goal [self-actualization] is the same for every form of the helping professions whether it be counseling, social work, pastoral care, nursing, teaching, or any of the dozens of other specialities currently recognized in the field. While practitioners may behave in many different ways to assist people in achieving self-fullment, the goal remains the same for all (p. 175).

It seems reasonable to assert, however, that communicative purposes and patterns differ in helping relationships where the client seeks to change specific, overt behaviors (e.g., articulatory errors) and where the client seeks to experience affective growth, lessening of anxiety, and concomitant behavioral change.

Although self-growth and self-evaluation may be purposes common to all helping relationships, other purposes specific to the intent of the professional métier may evoke patterns of communication that differ from profession to profession.

The need for a more careful examination of helping relationships in general has been well documented (Egan, 1975; p. 17). But the role of communication in the helping relationship has often been assumed as important rather than studied systematically. Combs and his associates, for example, say that the "processes of communication are especially important for the helping professions. They are the primary tools of the trade"(1973; p. 248). Yet in their one chapter on communication (out of fifteen) they focus on only the beliefs helpers hold concerning communication and not on the nature and functions of messages and the patterns of interaction that occur over time between helpers and helpees.

In speech-language pathology, recognized educators and scholars continually have stressed the importance of the interpersonal dimension of the client-clinician encounter. For example, Hood (1974) states that "it is the interpersonal clinical relationship which is the single most critical and determining variable" (p. 45). A recent study of adult clients' perceptions of therapeutic effectiveness indicates that these clients hold interpersonal skills to be among the essential elements of clinical management (Haynes and Oratio, 1978). Nevertheless, few empirical or phenomenological studies exist that examine non-instructional or para-instructional, interpersonal communicative patterns or dimensions of either the client-clinician or the supervisor-clinician relationship.[1]

General Perspective and Orientation

If a person is involved with another in a helping relationship, one might assume that the helper is working out of a basic perspective or

[1] See Oratio (1977) and Schubert (1978) for extensive bibliographies on clinical training in speech-language pathology.

orientation--perhaps grounded on a theoretic position, a philosophic view of man, or an ontological stance. The perspectives and orientations on communication in the helping relationship are diverse and eclectic although they frequently reflect the philosophic and ontological positions of others. Three perspectives are identifiable in the research and writing on communication in helping relationships.

The philosophic presuppositions of humanistic psychology are often evident in the research or training programs. Nondirective helping is advocated. Rogers (1961) and Maslow (1968), for example, seem to undergird Carkhuff's three-stage model (1969). Carkhuff's systematic skills training, Ivey's microcounseling (1971), and Kagan's interpersonal process recall (1963) all utilize humanistic constructs (e.g., openness, authenticity) while advocating the learning of specific skills.

It appears, however, that the fullness (perhaps the essence) of existential-humanistic psychology has not been applied to communication in helping relationships. For example, the literature and research often deal superficially with the construct dialogue, ignoring its concomitants: the need for collaboration, the view that man is in a dialogue and a dialectic with phenomena and with processes, and the need for a phenomenological view of the relationship.

A second perspective on communication in helping relationships--social influence "theory"--assumes that helping involves the helper's direct influence on the helpee. Persuasion is integral to healing (Frank, 1973). Since communication is appropriately characterized as instrumental rather than expressive (Hart and Burks, 1972), the therapeutic/helping relationship is "rhetorical and suasory in nature," say Vaughn and Burgoon (1976).

According to Zimbardo and associates (1977), the helper overtly influences attitudes and behaviors. He manipulates communicator and message variables in order to achieve the desired effect. Constructs used include credibility (Kelman, 1958), rhetorical sensitivity (Craig et al., 1977), Style (Miller, 1976), assertiveness (Nelson, 1977), and other functional communication behaviors (Wiemann, 1977).

The third perspective is based on learning theory and the positivist view of man. The basic principles underlying learning, re-learning, and unlearning are central to change in the helping relationship. Change may occur through the use of behavior modification techniques (Bandura, 1961) employed by others or through self-modification (Watson and Tharp, 1973). Helpers are trained to develop specific skills for subsequent use in modifying the behaviors of others. "Reinforcement," "operants," "stimulus," "response" are all constructs utilized by this orientation (Skinner, 1953).

These categorizations are not mutually exclusive. Nevertheless, they do point to various emphases. The discipline of speech-language pathology provides an exemplar of how the perspectives have been utilized. In this discipline, perspectives pertaining to helping encounters can be reviewed within two sets of relationships: (1) the client-clinician relationship and(2) the student clinician-supervisor relationship.

Client-clinician relationship. Humanistic orientations have played a central role in discussions pertaining to the client-clinician relationship in speech-language pathology.

Van Riper (1966), a pioneer in the discipline and a practicing clinician for over forty years, has written extensively about the myriad

aspects of "helping" others. His perspective of helping the individual with a communicative disorder appears based on his belief that the client knows what he needs to solve his problems--or at least to make them more acceptable--and that the clinician could help if he could understand the client's needs.

Martin (1963), in an attempt to proffer a theoretical orientation to speech-language therapy, suggests that Rogerian Client-Centered Therapy offers a viable set of approaches to the speech pathology client-clienician relationship. Martin suggests entering the world of the client, experiencing and understanding that world, and then communicating that understanding to the client.

Murphy (1977), in discussing stuttering therapy, states unequivocally: "Therapy to be effective must be authentically dialogic." Murphy bases his understanding of genuine dialogue--in which both the stuttering individual and the clinician are open to the other--are co-participants on the writings of the existential-humanistic philosopher Martin Buber.

A learning-theory-based perspective on the client-clinician relationship also is evident in the literature. For example, McReynolds (1970) discusses the use of contingencies and consequences in speech-language therapy. Lingwall and Engman present a behavioral model of the client-clinician relationship in which they assume "that the clinical process can be viewed as an interacting flow of events involving observable client responses and observable clinician responses" (1971; p. 1). Starkweather, in 1974, could state that "Behavior modification is now used widely for treating disorders of speech and language. . ." (p. 607).

Learning theory is also reflected in the major method reported in the literature for systematic study of the student clinician-client therapy process--that of content and sequence analysis of specific, identifiable teaching-learning behaviors. For example, Boone and Prescott present a ten-category, event-scoring system based on learning theory and designed to make a "quantitative determinant about session effectiveness" (1972, p. 61).

Though the current literature stresses a learning-theory-based approach to the client-clinician therapeutic process, the literature also continues to acknowledge the importance of the relationship and the interpersonal, interactive process between client and clinician. Peters, in her 1977 overview of the development of clinical competencies, indicates that the human encounter is a basic element in the total clinical process and that "We have neither the right nor the intention to ignore it" (1977, p. 6).

Supervisor-clinician relationship

Discussions of theoretic perspectives in the supervisor-clinician relationship in speech-language pathology have only recently begun to appear in the literature, primarily because supervision, as a recognized field of inquiry within the discipline, is only about fifteen years old.

The early discussions on supervision in the sixties stressed the importance of careful supervision (Villareal, 1964) and urged the application of valid concepts of human-growth conditions to students (Ward and Webster, 1965a, 1965b). The impact of humanistic psychology and its concern for human growth and human relationship can be seen in the recent writings about supervision of Oratio (1977), Caracciolo (1978), and Pickering (1977).

Learning theory as a perspective for the supervisor-clinician contact

also is advocated in the literature. For example, Starkweather (1974) has developed an audio feedback system for the clinician's use while in therapy, the intent of which is to change the student-clinician's behavior by use of behavior modification techniques. In addition, a scoring system designed for analyzing supervisor-clinician interactions has its base in learning theory and in fact is an adaptation of the system mentioned earlier for analyzing client-clinician interactions. Another perspective--Blumberg's interactive analysis (1970)--is reflected in an analysis system developed to study supervisor-clinician conferences (Underwood, 1973).

Perspectives for the supervisory encounters appear less clearly developed or defined than for the clinical encounters, in part, perhaps because the nature and purpose of the supervisor-clinician relationship and encounter are somewhat unclear. Empirical studies suggest that much of the interaction is instructional, with the supervisor giving opinions and suggestions.[1] One study suggests that the focus of the supervisory encounter is definitely the client, not the developing clinician (Pickering, 1979).

Selected Research Findings on Communication Behaviors

Communication scholars have contributed little to the literature on communication in helping relationships. Reviewing research in health communication generally, Cassata (1978) says:

> During the past decade, many authors have focused on the importance of communications within health and medicine. Psychiatrists and other physicians have addressed the topic.... Allied health professionals have also contributed several books....Social scientists have covered the subject as well....Surprizingly, these authors are not within the discipline of communication" (p. 497).

Moreover, there is a paucity of communication research on those helping

[1]Studies that could be cited, include Culatta and Seltzer (1977), and Schubert and Nelson (1976).

relationships where the helpee is to change an overt behavior (such as an articulatory error).

Much of the focus is currently on the physician-client relationship (Costello, 1977; Cassata, 1978) where interview behaviors, counseling behaviors, and client satisfaction are examined. The studies, however, often ignore the process nature of interactions across time (Berger and Calabrese, 1975) and fail systematically to examine messaging behaviors. This limitation is noted in a recent essay by Adler (1977), where he suggests that the simulation of doctor-patient encounters may provide useful data now unavailable because of the inability to manipulate messages with actual patents. Admirable empirical descriptive research has been done by Korsch and his associates (1972) and Arrason and his associates (1978).

Another body of research focuses on the development of a Therapeutic Communicator Style Measure (Pettegrew, 1977; 1978). Though valuable, such a measure has not as yet lead to a careful analysis of what happens between persons in a helping relationship. Indeed, most disciplines--including speech-language pathology--have devoted little attention to message behaviors and patterns of communication between helper and helpee.

Client-Clinician interactions. The major method reported in the literature for systematic study of clinician-client interactions is learning-theory based and examines specific teaching and learning behaviors; the method studies neither the nature of the helping relationship nor the communication behaviors that may be classified as "interpersonal" (Stewart and D'Angelo, 1975). An exception is Pickering's study of the interpersonal communication between

student clinicians and their clients (1979). In the therapeutic encounters she found the focus ... directly or indirectly task-related even though opportunities for humanistic, interpersonal communication were present. Clients' expressions of feeling usually received objective, cognitive, or irrelevant responses. Student clinicians talked more frequently than the clients.

Although training in and testing of interpersonal helping skills and concepts pose numerous problems of conceptualization and assessment, a few educators have reported their efforts to train students to demonstrate specific therapy-related helping behaviors. Savage (1973), for example, reports that students who participated in self-awareness training modified their self-concepts in positive ways. Furthermore, during a diagnostic interview, these students expressed a greater degree of the helping characteristics of caring, empathy, and positive regard than did students in a control group. Kaplan and Dreyer (1974) also researched the effect of self-awareness training on student clinicians and found that although students did not increase in their abilities to express empathy, they were more supportive and less restrictive with their clients than the students in the control group. Volz and Klevans (1978) report on two studies in which students were provided with training in specific helping skills associated with the helping relationship. Students who received training evidenced only one significant behavioral difference: they used more continuing responses than did students who received no training or who received a role-learning model approach. In their conclusion to another study, Volz and Klevans indicate that "speech-language pathology under-

graduates . . . use few verbal responses considered helpful in the development of an effective client-clinician relationship" (1978; pp. 539-540).

These studies provide only a beginning picture of the nature of interpersonal communication in the client-clinician relationship and of training approaches for the development of helping skills in clinicians.

Supervisor-clinician relationship. Few studies were identified that pertain to the supervisor-clinician relationship. Underwood (1973) reports on a computer-based, sequential data analysis she performed on supervisory conferences: she found sequential patterns representative of effective and ineffective conferences. An earlier study attempted to measure only amount of talking (Halten, 1965).

Culatta and Seltzer (1976, 1977) report on the instructional nature of supervisory conferences and on an effort to aid supervisors in changing their interactive styles following a method of self-critique. The findings indicate no measured change in the supervisors' interactive patterns following their self-study.

Research by Pickering (1979) indicates that, although supervisors were supportive of students during their conferences, feelings often received no attention. Students rarely were aided in developing, expanding, or extending feelings. Furthermore, the approach to interpersonal communication issues vis-a-vis clients was solution oriented. Few in-depth analyses of interpersonal issues were evident, nor was the transactive or the interactive nature of interpersonal communication noted. Students often discussed interpersonal issues as problems in the clients.

In short, many possibilities for research on helping patterns of communication present themselves within the profession of speech-language pathology. Three are of special interest: (1) What is the relationship

between interpersonal issues and instructional issues in a helping profession such as speech-language pathology? Though this is not an issue for all helping professions, it is to professionals who attempt to aid a client in changing specific behaviors. A related question is: what is the relationship between content learning and self-growth--in clients, in student clinicians? (2) How does a clinician-in-training learn to identify, analyze, and develop the necessary interpersonal communication skills? Is skill training sufficient? Does one need to study an explicit philosophic theoretic position before attempting to develop interpersonal communication skills? (3) How can one best characterize the process of communicating across time in a helping relationship? Are specific communication behaviors dominant at specifiable stages in the process?

An Approach to Instruction

Given current orientations to helping relationships and current research findings, what approach to instruction seems sound and workable? This section of the paper details an approach to instruction for a course dealing with communication in the helping professions. Generally, such a course should provide for the development of: (1) basic perspectives and orientations toward change and toward people that serve as an apodictic foundation, thus beginning to enable the person to examine his intentionality (Stewart, 1976); (2) functional communication behaviors that may effect positive change in the helper-helpee relationship.

The instructional approach has three overlapping parts--each with a didactic and an experiential component.

Part one examines basic perspectives and orientations to communication

generally and to communication in helping relationships specifically. For example, the course looks didactically at the existential-humanistic perspective to the process of communication and to the nature of the human encounter. Experientially, the student is asked to develop a strategy for exploring his own personal perspective and orientation toward communicating with others. He might, for example, keep a journal (DeWine, 1976), join an outside-the-class growth group (Ilardo, 1972) or study the writings of others (Stewart, 1976). The end product is a required paper in which the student: (1) explores and synthesizes his own orientation to others in the communication process, and (2) examines the relationship of the perspective to the perspectives presented didactically in the course (see Swanson and Delia for an example; p. 20).

Part two examines literature on verbal and non-verbal messaging and patterns of communication as they might occur in helping relationships (e.g., Rossiter and Pierce, 1975). Special attention is given to the role of communication over time--entry, relationship development, and exiting behaviors (Berger et al, 1975). Specific functional communication behaviors are studied and discussed. For example, Wiemann (1977) and Malone's (1978) work on dimensions of communication competence, Carkhuff's helping behavior (1969), and Egan's three-stage process (1975) are explored.

Experientially, the instructional approach permits the student to design a pilot study or replicate partially a previous study in which communication behaviors and patterns are examined (live or video-tape) within his own anticipated helping profession. For example, in speech pathology, Klevans (1975) has adapted non-verbal Behavior System developed by Mehrabian and his associates (1972) for measuring non-verbal communication

in a clinical setting. A student in speech-language pathology could use this system in analyzing and reporting on his own or others clinical non-verbal behaviors.

In Part three students would review and study techniques and models for skill development. For example, Ivey (1971) reports on microcounseling techniques in which one of the following occurs: a baseline interview; training (via video models, written manuals, and self-orientation); and re-interview with emphasis on single skills.

Kagan (1963) presents a similar technique which includes Interpersonal Process Recall (IPR)--a session during which a helper and a helpee recall or re-experience the interaction they experienced as communicators. A third party serves as a mediator during these "mutual recall" sessions.

Goldhammer (1969) has developed a procedure for looking at the interaction between professional teachers and their supervisors; he suggests the use of verbatim transcripts so that the pattern of communication as well as the content can be studied in a descriptive, qualitative way.

Experientially the student learns one or more of the techniques studied and applies that technique to his own interactions in real or simulated situations. Some work has been done in applying modifications of these techniques to specific helping professions and the student might want to use such modifications. For example, in speech-language pathology Oratio (1977) discusses micro-therapy -- an outgrowth of micro-teaching and micro-counseling procedures -- in which a student speech-language clinician and a volunteer "client" role play a therapeutic interaction. Oratio identifies the emphasis as on single-skill development and on the instructional aspect of the interaction. In this course, however, the

emphasis could be on the blending of a single instructional skill, e.g., stimuli presentation and the use of non-verbal behaviors.

Another example of the use of a technique to develop skills in our exemplar helping profession is the use of transcripts. Pickering (1979) reports on the use of verbatim transcripts of approximately ten minutes of clinical interaction between student clinicians and clients. The expectation is that skill development can occur through sensitizing students to their own behaviors as well as through actual role-playing and simulations--e.g., as Ivey and as Kagan would have persons do.

As mentioned earlier, the three components of the instructional approach do overlap. On completing the course, the student would have had opportunities to study and to apply to himself: (1) theoretical and atheoretical perspectives to communication, (2) research findings, (3) and techniques of skill development. In addition, he would have had the opportunity to <u>begin</u> to explore his own intentionality vis-á-vis others within the helping relationship.

Conclusion

This paper has examined contemporary perspectives and research findings on communication in the helping professions and has presented one possible instructional approach to teaching a course designed to integrate knowledge and skills about interpersonal communication. We have suggested areas where conceptualizations need further refining, noted directions for future research, and presented procedures for teaching communication in helping relationships. Attempts to integrate theory, research, and pedagogy should continue.

Bibliography

Adler, K. "Doctor-Patient Communication: A Shift to Problem-Oriented Research," Human Communication Research, 1977, 3, 179-190.

Arntson, P., D. Droge, and H.E. Fassl. "Pediatrician-Parent Communication: Final Report." Communication Yearbook 2, ed. B.D. Ruben. New Brunswick, N.J.: Transaction Books, 1978. Pp. 505-522.

Bandura, A. "Psychotherapy as a Learning Process," Psychological Bulletin, 1961, 58, 143-159.

Berger, C., and R.J. Calabrese. "Some Explorations in Initial Interaction and Beyond: Toward a Developmental Theory of Interpersonal Communication," Human Communication Research, 1975, 1, 99-112.

Blumberg, Arthur. "A System for Analyzing Supervisor-Teacher Interaction." In A. Simon and E.G. Boyer (eds.), Mirrors for Behavior, Vol. VIII. Philadelphia: Research for Better Schools, Inc., 1970, 34.1-1 to 34.1-15.

Boone, Daniel R., and Prescott, Thomas E. "Content and Sequence Analysis of Speech and Hearing Therapy." Asha, 1972, 14, 58-62.

Buber, Martin. Between Man and Man (Ronald Gregor Smith, translator). New York: Macmillan Publishing Co., Inc., 1965a.

Buber, Martin. The Knowledge of Man (Maurice Friedman and Ronald Gregor Smith, translators; Maurice Friedman, editor). New York: Harper Torchbooks, Harper & Row, Publishers, Inc., 1965b.

Caracciolo, Gerald L., Rigrodsky, Seymour; and Morrison, Eleanor B. "A Rogerian Orientation to the Speech-Language Pathology Supervisory Relationship." Asha, 1978, 20, 286-290.

Carkhuff, R.R. Helping and Human Relations. Vol. II. Practice and Research. New York: Holt, Rinehart, and Winston, 1969.

Carkhuff, R.R., and B.G. Berenson. Beyond Counseling and Therapy. New York: Holt, Rinehart, and Winston, 1967.

Cassata, D.M. "Health Communication Theory and Research: An Overview of the Communication Specialist Interface," Communication Yearbook 2. ed. B.D. Rubin. New Brunswick, N.J.: Transaction Books, 1978. Pp. 495-503.

Combs, A.W., D.L. Avila, and W.W. Purkey. Helping Relationships: Basic Concepts for the Helping Professions. Boston: Allyn and Bacon, Inc., 1973.

Costello, D.E. "Health Communication Theory and Research: An Overview," Communication Yearbook I, ed. B.D. Rubin. New Brunswick, N.J.: Transaction Books, 1977. Pp. 557-567.

Craig, R.T., B. McD. Johnson, and R.V. Miller, "Behavioral Correlates of Rhetorical Sensitivity: An Exploratory Study." Paper presented at SCA Convention, 1977.

Culatta, Richard, and Seltzer, Herbert. "Content and Sequence Analysis of the Supervisory Session." Asha, 1976, 18, 8-12.

Culatta, Richard, and Seltzer, Herbert. "Content and Sequence Analysis of the Supervisory Session: A Report of Clinical Use." Asha, 1977, 19, 523-526.

DeWine, Sue. "The Communication Journal: A New Tool for Building Interpersonal Relationships in the Communication Classroom." Paper presented at ICA Convention, 1976.

Egan, Gerald. The Skilled Helper: A Model for Systematic Helping and Interpersonal Relating. Monterey, Calif.: Brooks/Cole Publishing Company, 1975.

Frank, J. Persuasion and Healing. Rev. ed. Baltimore: The Johns Hopkins University Press, 1973.

Goldhammer, R. Clinical Supervision. New York: Holt, Rinehart, and Winston, Inc., 1969.

Hart, R.D., and D.M. Burks. "Rhetorical Sensitivity and Social Interaction," Speech Monographs, 1972, 39, 75-91.

Haynes, William O., and Oratio, Albert R. "A Study of Clients' Perceptions of Therapeutic Effectiveness." Journal of Speech and Hearing Disorders, 1978, 43, 21-33.

Halten, J.T. "A Descriptive and Analytical Investigation of Speech Therapy Supervisor-Therapist Conferences." Doctoral dissertation, University of Wisconsin, 1965. Dissertation Abstracts International 26/09 (1965), 5595. (University Microfilms No. 65-13735).

Hood, S.B., "Clients, Clinicians, and Therapy." In L.L. Emerick and S.B. Hood (eds.), The Client-Clinician Relationship. Springfield, Illinois: Charles C. Thomas, 1974.

Ilardo, J.A. "Why Interpersonal Communication?" The Speech Teacher, 1972, 21, 1-6.

Ivey, A. Microcounseling: Innovations in Interviewing Training. Springfield, Illinois: Thomas, 1971.

Kagan, N., D.R. Krathwohl, and R. Miller. "Stimulated Recall in Therapy: A Case Study." Journal of Counseling Psychology, 1963, 10, 237-243.

Kaplan, Netta, and Dreyer, Dorothy E. "The Effect of Self-Awareness Training on Student Speech Pathologist-Client Relationships." Journal of Communication Disorders, 1974, 7, 329-342.

Kelman, H. "Compliance, Identification, and Internalization: Three Processes of Attitude Change." Journal of Conflict Resolution, 1958, 2, 51-60.

Klevans, D.R. "A Comparison of Two Programs for Training Student Speech Pathologists in Effective Helping Skills." Paper presented at ASHA Convention, 1975.

Korsch, B., and V. Negrete. "Doctor-Patient Communication." Scientific American, 1972, 227, 66-74.

Lingwall, J.B., and Engmann, P. "A Behavioral Model of the Clinical Process: A Research, Training, and Treatment Tool." Paper presented at the American Speech and Hearing Association Convention, Chicago, 1971.

McReynolds, L.V. "Contingencies and Consequences in Speech Therapy." Journal of Speech and Hearing Disorders, 1970, 35, 12-24.

Malone, M.A. "Competent Communicative Behaviors of Emergent Leaders in Small Group Systems." Unpublished M.A. thesis, University of Maine, 1978.

Martin, Edwin W. "Client-Centered Therapy as a Theoretical Orientation for Speech Therapy." Asha, 1963, 5, 576-578.

Maslow, A.H. Toward a Psychology of Being. 2nd. ed. New York: Van Nostrand Reinhold, 1968.

Mehrabian, A. Nonverbal Communication. Chicago: Aldine-Atherton, 1972.

Miller, L.D. "Dyadic Perception of Communicator Style: Replication, Confirmation, and Theory." Unpublished paper, ICA Convention, 1976.

Murphy, Albert T. "Authenticity and Creativity in Stuttering Theory and Therapy." In R.W. Rieber (Ed.), The Problem of Stuttering: Theory and Therapy. New York: Elsevier, 1977.

Nelson, G.B. "Assertive Techniques as Professional, Clinical, and Supervisory Tools in Speech Pathology and Audiology." Unpublished paper, 1977.

Oratio, Albert T. Supervision in Speech Pathology. Baltimore University Press, 1977.

Peters, Margaret. Untitled paper presented at national workshop on supervision. Kent, Ohio, Department of Speech Pathology and Audiology, Kent State University, 1977.

Pickering, Marisue. "An Examination of Concepts Operative in the Supervisory Process and Relationship." Asha, 1977, 19, 607-610.

Pickering, Marisue. "Interpersonal Communication in Speech-Language Pathology Clinical Practicum: A Descriptive Humanistic Perspective." Doctoral dissertation, Boston University, 1979.

Rogers, C.R. On Becoming a Person; Boston: Houghton-Mifflin, 1961.

Rossiter, C.M., Jr., and W.B. Pierce. Communicating Personally. Indianapolis: The Bobbs-Merrill Company, Inc., 1975.

Savage, Audrey C. "A Study of the Effects of a Self-Study Program on Some Self-Other Components of the Therapeutic Relationship with Speech Clinicians in Training." Doctoral dissertation, Northwestern University, 1972. Dissertation Abstracts International 33/10-B (1973), 5050. (University Microfilms No. 73-10284).

Schubert, George W., and Nelson, Julie A. "Verbal Behaviors Occurring in Speech Pathology Supervisory Conferences." Paper presented at the Annual Convention of the American Speech and Hearing Association. Houston, Texas, 1976.

Schubert, George W. Introduction to Clinical Supervision in Speech Pathology. St. Louis, Missouri: Warren H. Green, Inc., 1978.

Skinner, B.F. Science and Human Behavior. New York: Macmillan, 1953.

Starkweather, C. Woodruff. "Behavior Modification in Training Speech Clinicians: Procedure and Implications." Asha, 1974, 16, 607-611.

Stewart, John. "Where Are Out Roots? Crucial Questions in the Application of Growth-Promoting Communication in the Dyadic Setting." In Philip Emmert and Keith A. Miller (Eds.). Communication and Growth-Promoting Behavior. Laramie, Wyoming: Wyoming Publications, Vol. XL, 1976.

Stewart, J., and G. D'Angelo. Together: Communicating Interpersonally. Reading, MA.: Addison-Wesley, 1975.

Swanson, D.C., and J.G. Delia. The Nature of Human Communication. Chicago: Science Research Associates, Inc., 1976.

Underwood, Judy. "Interaction Analysis Between the Supervisor and the Speech and Hearing Clinician." Doctoral dissertation, University of Denver, 1973. Dissertation Abstracts International 34/06-B, 1973, 2995. (University Microfilms, No. 73-29608).

VanRiper, Charles. "Success and Failure in Speech Therapy." Journal of Speech and Hearing Disorders, 1966, 31, 276-279.

Vaughn, D., and M. Burgoon. "Interpersonal Communication in a Therapeutic Context: Mariah or Messiah." Explorations in Interpersonal Communication, ed. G.R. Miller. Beverly Hills, CA: Sage Publications, 1976. Pp. 255-274.

Villareal, J. ed. Seminar on Guidelines for Supervision of Clinical Practicum. Washington, D.C.: American Speech and Hearing Association, 1964.

Volz, Helen B., Klevans, Deborah R., Norton, Sally J., and Putens, Deborah L. "Interpersonal Communication Skills of Speech-Language Pathology Undergraduates: The Effects of Training." Journal of Speech and Hearing Disorders, 1978, 43, 524-541.

Ward, Louise M., and Webster, Elizabeth J. "The Training of Clinical Personnel: I. Issues of Conceptualization." Asha, 1965a, 7, 38-40.

Ward, Louise M., and Webster, Elizabeth J. "The Training of Clinical Personnel: II. A Concept of Clinical Preparation." Asha, 1965b, 7, 103-106.

Watson, D.C., and R. Tharp. Self-Directed Behavior. Monterey, CA: Brooks Cole, 1973.

Wiemann, J.M. "Explication and Test of a Model of Communicative Competence." Human Communication Research, 1977, 3, 195-213.

Zimbardo, P.G., E.E. Ebbeson, C. Moslach. Influencing Attitudes and Changing Behavior. 2nd. ed. Reading, MA.: Addison-Wesley, 1977.